

Nu-Wave School Of Hair Design

(a division of 1698327 Inc.)

1526 East Victoria Avenue

Thunder Bay, Ontario P7C 1C5

Phone: (807) 623-6666 Fax: (807) 626-9810

ENROLLMENT APPLICATION

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Date of Birth: _____

Social Insurance Number (optional): _____

Phone Number: _____

Email: _____

Last Grade in School Attended: _____ (Please attach transcripts)

I hereby certify that I am free from any communicable disease.
Attached is also a Medical Report as to my present state of health signed
by my physician.

If the student is accepted, the individual agrees to sign an Enrollment
Contract that is subject to the Private Career Colleges Act 2005 and the
regulations made under the Act.

I wish to commence my course on the first day _____,
20____. I understand that the fees for the course are \$730.43 per month
payable in advance on the first day of every month until you have
completed a total of 1500 hours. The fees for the course will be paid by
_____ (Name of person and relationship to Student, if
applicable)

Signature _____